

INSURANCE DOCUMENTS

Please check the insurance documents that your loved one may have and list the account number and contact.

<u>INSURANCE</u>	<u>ACCOUNT NUMBER</u>	<u>CONTACT (name, address & phone number)</u>
<input type="checkbox"/> Auto	_____	_____
<input type="checkbox"/> Home/Renters	_____	_____
<input type="checkbox"/> Health	_____	_____
<input type="checkbox"/> Health (supplemental)	_____	_____
<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Dental	_____	_____
<input type="checkbox"/> Eye	_____	_____
<input type="checkbox"/> Long-Term Care	_____	_____
<input type="checkbox"/> Disability	_____	_____
<input type="checkbox"/> Liability	_____	_____
<input type="checkbox"/> Life	_____	_____
<input type="checkbox"/> Funeral	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____